

In the Specification

Applicants present replacement paragraphs below indicating the changes with insertions indicated by underlining and deletions indicated by strikeouts and/or double bracketing.

Please replace the paragraph beginning at page 6, line 5 with the amended paragraph as follows:

FIG. 18 is a ~~bottom~~ top plan view of a prosthetic repair fabric in accordance with another embodiment of the present invention;

Please replace the paragraph beginning at page 6, line 7 with the amended paragraph as follows:

FIG. 19 is an exploded top perspective view of a prosthetic repair fabric in accordance with another illustrative embodiment of the invention;

Please replace the paragraph beginning at page 24, line 5 with the amended paragraph as follows:

The prosthesis may be configured with a unitary body portion that includes a single overlap area for providing access to the opening for the esophagus. In one illustrative embodiment shown in FIG. 22, the body portion of the prosthesis includes a tissue infiltratable layer 22 and a surface barrier layer 118 (not shown) covering the viscera facing surface of the implant. The fabric layer 22 has a first slit 94 extending from the opening 30 to the outer periphery of the implant, while the surface barrier 118 has a second slit 96 extending from the opening to the outer periphery. As shown, the first and second slits are offset from each other. This slit arrangement results in a portion 90 of the fabric layer 22 extending beyond the surface barrier layer 118 on one tail 66 with a portion 92 of the barrier layer extending beyond the fabric layer on the other tail 68 to create an overlap area 76.

Please replace the paragraph beginning at page 24, line 16 with the amended paragraph as follows:

The tissue infiltratable fabric extension 90 and the surface barrier extension 92 nest with one another to maintain a uniform thickness for the implant. Lifting one extension relative to the other creates an access passage 88 for positioning the prosthesis about the esophagus. It is to be appreciated that the slits may extend to the opening 30 from any direction to locate the access passage at any suitable portion of the implant. As shown, the overlap area 76 is located at the obtuse end 34 of the implant, although it could be located at the acute end 36 to minimize the amount of stitching during the repair procedure and to place the surgical stitches away from the hiatal hernia.

Please replace the paragraph beginning at page 28, line 12 with the amended paragraph as follows:

In one illustrative embodiment of the invention as shown in FIGS. ~~[[34]]~~ 35-36, one or more external plications or pleats are formed on the external wall 220 of the esophagus 202, such as along the LES, to reduce the inner diameter of the internal wall 218 of the esophagus 202 so as to lower the incidence of GERD. The plications are configured to extend in a longitudinal direction along the length of the esophagus 202, although any suitable configuration may be implemented. For example, in another illustrative embodiment shown in FIG. ~~[[37]]~~ 36, the plications 222 may be formed laterally around the circumference of the esophagus 202. While FIGS. ~~[[35]]~~ 34-37 illustrate external plications, it should be understood that the plications may be formed on the internal wall 218 of the esophagus 202. It is to be appreciated that the plications 222 may be formed using any suitable method apparent to one of skill in the art including, but not limited to, suturing, stapling, clipping, and tacking.

Please replace the paragraph beginning at page 28, line 24 with the amended paragraph as follows:

In one illustrative embodiment shown in FIG. ~~[[38]]~~ 37, one or more plications 222 are formed with a cinch tool 108 configured to create folds in the esophagus 202. The cinch tool 108 may be attached at the end of an endoscope or laparoscope 106 to allow the surgeon to visualize the tissue that is to be pleated during a minimally invasive endoscopic or laparoscopic

procedure. During a laparoscopic repair of a condition such as a hiatal hernia, the plications 222 are placed on the external wall 220 of the esophagus 202 to avoid a separate endoscopic procedure to the inner walls 218 of the esophagus 202.

Please replace the paragraph beginning at page 28, line 32 with the amended paragraph as follows:

As shown in FIG. 37, the cinch tool 108 includes a capsule housing 109 with a suction orifice 111 located on a side wall 104 of the capsule. The suction orifice 111 is to be fluidly connected to a suction device (not shown) at the opposite end of the endoscope or laparoscope 106. The capsule housing 109 is approximately 8-10 mm long and has a cylindrical shape with a rounded end cap 113 to reduce any sharp edges that may potentially damage surrounding tissue. It is to be understood that many other housing shapes, sizes and arrangements may be employed for the tool.

Please replace the paragraph beginning at page 29, line 5 with the amended paragraph as follows:

As the surgeon directs the capsule housing 109 against the esophageal tissue 202 to be plicated, the suction device is activated to draw a fold 240 of LES tissue into an internal chamber 115 of the capsule through the orifice 111. When adequate tissue purchase is attained, preferably 3-5 mm thick, the surgeon activates a needle 117 that pierces the folded tissue 240 and extends into the end cap 113 to deploy a suture tag 322. The needle 117 is retracted with the suture tag captured in the end cap, and the tool is withdrawn from the patient. Once withdrawn, the end cap 113 is removed to release the suture tag 322 which is then reloaded into the needle. The cinch tool 108 is then reintroduced and placed against another region of the tissue to repeat the process of folding and suturing the tissue.